

GSI: Geriatric Scene Investigation

Assessing the Geriatric Patient

By

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Objectives

- Review the basic components of patient assessment
- Review physiologic changes that occur with aging
- Discuss the unique requirements of assessing the geriatric patient
- Discuss strategies for assessing the older patient
- Complete Case Studies

Patient Assessment

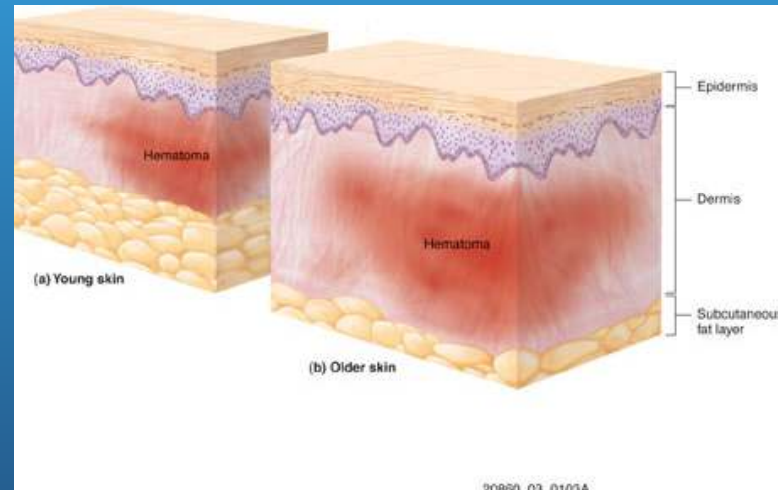
- Scene Size-up
- Initial Assessment
- Rapid Trauma or Medical Assessment
- Vital Signs
- Detailed Assessment
- Ongoing Assessment

Leading Causes of Death

- Disease of the heart
- Cancer
- CVA/Stroke
- COPD
- Pneumonia

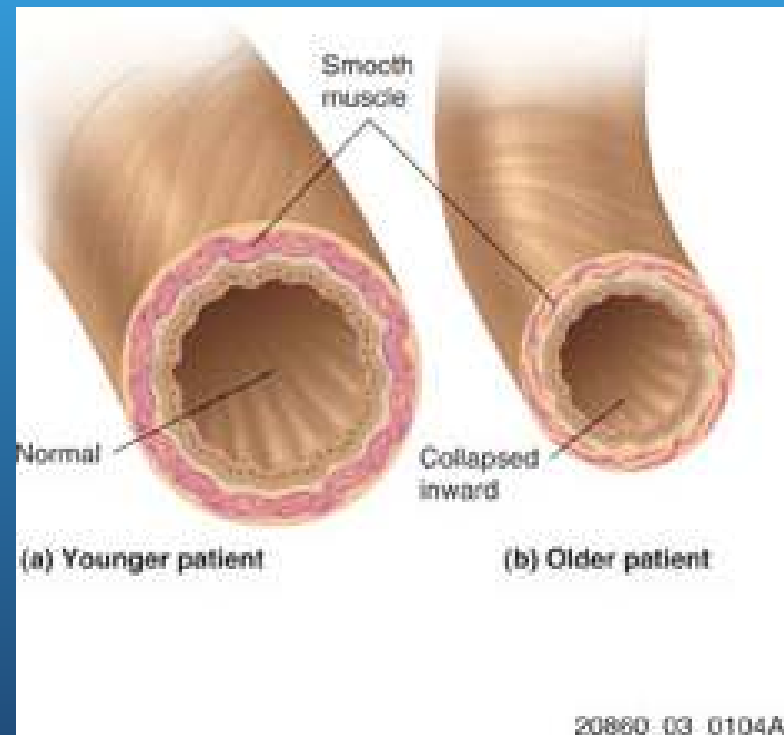
Physiologic Changes of Aging: Integumentary System

- Wrinkles
- Thinner skin
- Decreased fat
- Gray hair



Physiologic Changes of Aging: Respiratory System

- Changes in airway
- Decreasing muscles of ventilation
- Increased residual volume
- Decreased sensitivity of chemoreceptors

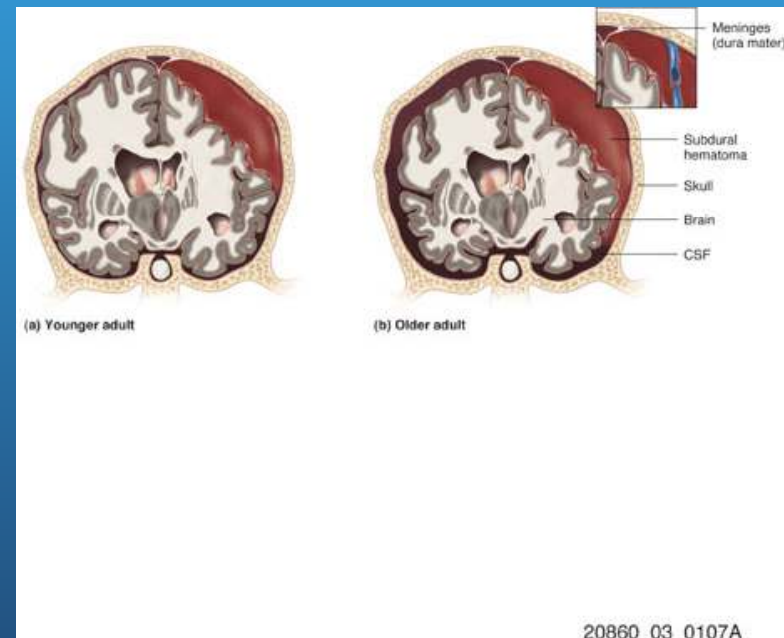


Physiologic Changes of Aging: Cardiovascular System

- Development of atherosclerosis
- Decreasing cardiac output
- Development of arrhythmias
- Changes in blood pressure

Physiologic Changes of Aging: Nervous System

- Brain shrinkage
- Slowing of peripheral nerves
- Slowed reflexes
- Decreasing pain sensation



Physiologic Changes of Aging: Sensory Changes

- Vision distorts and eye movement slows.
- Hearing loss is more common.
- Taste decreases.



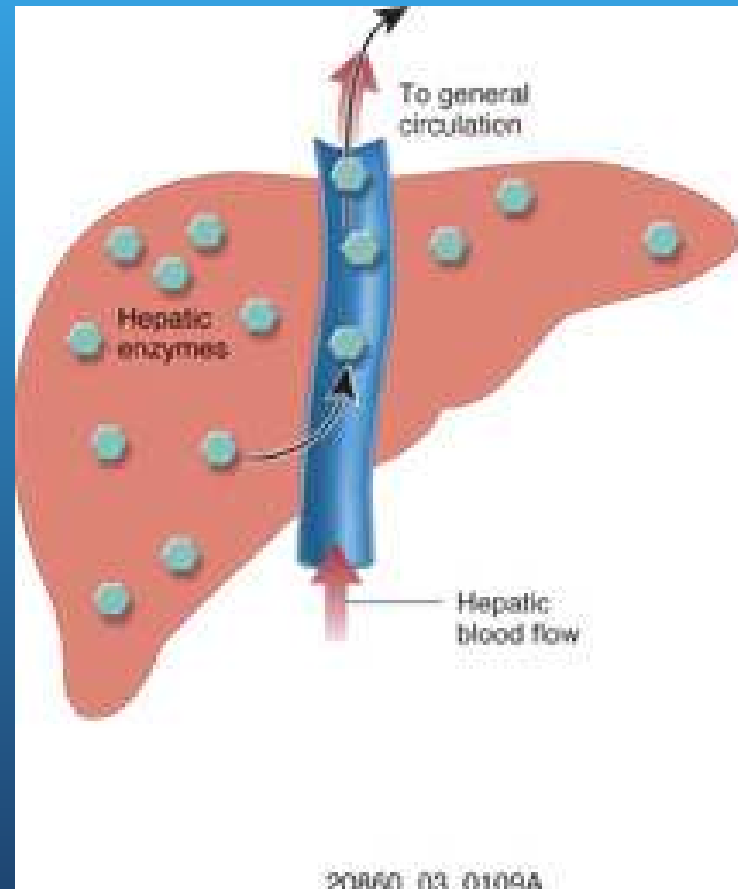
Physiologic Changes of Aging: Psychological Changes

- Depression
- Anxiety
- Adjustment disorders



Physiologic Changes of Aging: Renal, Hepatic, and GI Systems

- Kidneys become smaller.
- Hepatic blood flow decreases.
- Production of enzymes declines.
- Salivation decreases.
- Gastric motility slows.



Physiologic Changes of Aging: Musculoskeletal System

- Decreased muscle mass
- Changes in posture
- Arthritic changes
- Decrease in bone mass

Physiologic Changes of Aging: Immune System

- Less effective immune response
- Pneumonia and UTI are common.
- Increase in abnormal immune system substances

Assessment Changes for Geriatric Patients

- Scene Size-up
 - Must include environmental assessment
- Initial Assessment
 - Must remember to look for life threats
- Mental Status Assessment
 - Confusion is not normal
 - Chronic versus new changes
 - Don't be misled
 - Establish baseline

Assessment Changes for Geriatric Patients

- Assessing the chief complaint
 - Determining the chief complaint can be hard.
 - Start with what is bothering the patient most.
 - Chief complaints may not be the life threat.
 - Communication is a big component.

Geriatric Patient Chief Complaints

- Shortness of Breath
 - Frequently life threatening
 - Often respiratory or cardiac in origin
 - Can occur for other reasons such as pain, bleeding, medications
 - Are there associated signs and symptoms?
 - Does patient have a history of respiratory complaints?

Geriatric Patient Chief Complaints

- Chest Pain
 - Often cardiac in nature
 - Many experience pain differently.
 - Medication history is important.
 - Have the patient locate the pain.
 - Expose the chest: scars, pacemaker, medication patches

Geriatric Patient Chief Complaints

- Altered Mental Status
 - Some causes manifest quickly, others over days
 - Medication reactions are a frequent issue.
 - Determine LOC and orientation to person, place, and time.
 - Check motor and sensory response.
 - Get an ECG and blood sugar reading.

Geriatric Patient Chief Complaints

- Abdominal Pain
 - More likely to be hospitalized
 - Potential causes change with age.
 - Overall pain response is decreased.
 - Patient history is key.
 - Look for additional signs.

Geriatric Patient Chief Complaints

- Dizziness or Weakness
 - Factors: balance, injury, oxygen, and energy
 - History will help clarify the complaint.
 - Check ECG, orthostatic changes, blood sugar
 - Check for signs of stroke.
 - Assess for signs of head trauma.

Geriatric Patient Chief Complaints

- Fever
 - Normal response to infection
 - Suspect serious infection when accompanied by changed LOC.
 - Look for immediate life threats.
 - Fever means illness until proven otherwise.

Geriatric Patient Chief Complaints

- Trauma
 - Exam follows the ABCs.
 - Look for potential medical causes.
 - Past history may change the needs of the patient.
 - Find the patient's baseline status.
 - Fractures are serious injuries.

Geriatric Patient Chief Complaints

- Pain
 - Unpleasant sensory or emotional experience
 - Use open-ended questions to evaluate.
 - Pain scale can be helpful.
 - Interpret vital sign changes as medical issues.
 - Older patients may hesitate to complain of pain.

Geriatric Patient Chief Complaints

- Falls
 - Generally result from contributing factors
 - Look for medical reason for fall.
 - Assess for injury and life threats.
 - ECG, blood glucose, pulse oximetry

Geriatric Patient Chief Complaints

- Nausea, Vomiting and Diarrhea
 - Can originate in or out of GI tract
 - Check for changes in diet or medications.
 - Look for signs of dehydration or electrolyte abnormalities.
 - Assess for GI bleeding.

Assessment Strategies

- Remain calm
- Slow assessment down
- Be prepared to take a different approach
- Be aware that you may have to frequently reorient the patient
- Involve family or caregivers in the assessment
- Be a detective

Scenarios

Conclusion

- Remember that your assessment must be changed to meet the patient's needs
- Must remain calm
- Be prepared to spend some extra time assessing the geriatric patient